

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/524 701</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing			\$ <u>50</u>							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>50</u>							
		8 TO BE REFUNDED BY:									
		Treasury Check									
		Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">7</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">7</td> <td style="width: 20px;">3</td> <td style="width: 20px;">0</td> </tr> </table>			0	7	--	1	7	3	0
0	7	--	1	7	3	0					
10 REASON:											
<input checked="" type="checkbox"/>	Overpayment										
<input type="checkbox"/>	Duplicate Payment										
<input type="checkbox"/>	No Fee Due (Explanation):										
<i>Rule change - 08 Dec 2004</i>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME:		TITLE: <u>Supervisor</u>									
SIGNATURE: <u>Terry M. Johnson</u>		PHONE: <u>703-308-9140</u>									
OFFICE: <u>DDO/ED</u>		<u>X221</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: